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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY D		CONFIRMATION NO.		
10/767,330	01/30/2004		Yoshihiko Nagamine		K20	)20.0002/P002	5218		
LE OF INVENTION:	PATIENT POSITIONI	NG DEVICE AND PAT	IENT POSITIONING ME	THOD					
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EXAMI		ART UNIT	CLASS-SUBCLASS	)		•			
ARTMAN, THOMAS R 2882			378-065000	2. For printing on the patent front page, list					
R 1.363).		n of "Fee Address" (37	2. For printing on the p  (1) the names of up to			ys Dicksto	<u>ein Shapiro</u>		
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Hitachi, Lt	d.		Tokyo,	Tanan .	•				
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The following fee(s) a	re submitted:	a 4	b. Payment of Fee(s): (Plea	ase first reapply an	y previ	ously paid issue fee sl	hown above)		
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Authorized Signature	2/-	20c		Date <u>Marc</u>	ch 2	0, 2007			
Typed or printed name	David T.		Registration No. 54,985						
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							10/767,330-Conf. #5218				
FEE				January 30, 2004							
				Yoshihiko Nagamine							
	Examiner Name 1			T. R. Artman							
Applicant cl	Art Unit 2			2882							
TOTAL AMOUNT	Attorney Docket No.			K2020.0002/P002							
METHOD OF P	AYMENT (check	all that apply)									
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X   Deposit Account   Deposit Account Number: 04-1073   Deposit Account Name:   Dickstein Shapiro LLP    For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
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FEE CALCULA	TION										
1. BASIC FILING,	SEARCH, AND E	XAMINATION FE	EŞ								
	FI	LING FEES	SE	ARCH FEE		EXAMIN	ATION FEES		:		
Application Typ	e Fee (S	Small Entity Fee (\$)	Fee (\$	Small E Fee (		Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)		
Utility	300		500	250		200	100				
Design	200	100	100	50	)	130	65				
Plant	200	100	300	150	)	160	80				
Reissue	300	150	500	250	)	600	300				
Provisional	200	100	0	(	)	0	0				
2. EXCESS CLAIF	/I FEES								mall Entity		
Fee Description								Fee (\$)	Fee (\$)		
Each claim over 2	` •	,						50	25		
Each independent		luding Reissues)						200	100		
Multiple dependent claims								360	180		
Total Claims 42 - 4	Extra Claims	Fee (\$)	Fee	Paid (\$)	-		Itiple Depende				
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Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)		•	-		_		
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HP = highest number	of independent claim	s paid for, if greater th	an 3.		•			<u>.</u>	<b></b>		
3. APPLICATION											
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4. OTHER FEE(S)		Fees Paid (\$)									
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SUBMITTED BY Signature	01	500		Registration I	No.	54,985	Telephone	(202) 420	2748		
	David T. Beck	1/81		(Attorney/Age		J <del>4</del> ,305	<del></del>	<del>`                                    </del>			
traine (Fillio Type)	Javiu I. DECK	<del></del> .		<u></u>			Date	March 20	, 2007		